

# JERSEY CITY DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF ENVIRONMENTAL HEALTH

DR. MARTIN LUTHER KING, JR. CITY HALL ANNEX 1 JACKSON SQUARE I JERSEY CITY, NJ 07305 P: 201 547 6800



### RETAIL FOOD INSPECTION REPORT

_	A THE PROPERTY AND	10000	MAN					-	PIVIAU	IT				
Es	tablishme	ent Coo	de Sylo	CKINA	art.	01	Activity	Туре	ACM E	valuation	on 1	2 RH	Cac	to
-			THE PARK	enni	Tro	da Niema	1100	Pect	100	VIII	our (			10.
N	ame or Ov	wner(s)	, Partnership	or Corporat	ion Trac	de Name	- (	1	mare Il	Reinspe	cuon o	n or Ai	ner.	
H	H	ME	SIL		111	net	are	elper	THUIL	et				
Es	stablishme	ent Loc	ation (Street	Address)		City		1	Zip Code	Count	У,	C	o/Mun	Code
1	159	We	5+570	16		ters	ell CI	HI	0-1304	Hu	7501	11	090	06
Es	tablishme	ent Mai	ling Address	(if different)	1	Telephon	e No.	1	E-mail Addr	ess				
					) [								. 1	
N:	ame of Ins	nectino	Official		REHS Lic.	# N:	ame of Healt	Officer		Risk	Type	Lice	nse No	
1	maralar	05	2000	alla	7	~	T	0.7	motol		) , , ,	170	-)	16
H	Man	ULC	ULKIY	HELA CTIVIT	27500	Zad	4 T 1 2		10101	410	X	10	CX	1/
-	Dete	Tool			1	Code Code	1	_	3-Administra	-	1 2		T P-	1-1
NI	Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Be	gan -	en	ded
DI.	777										1	-		
-	CV CLOTOS								RVENTIONS					
-	Name and Address of the Owner, where	-	The second second second	The state of the s	The Real Property lies and the least terms of the l				I). INTERVENT		-	-	-	-
Mai	ux X In appl	ropnate b	sox: IN=In Comp.	The second liverage of the second	MENT AND	The Part of the Pa	the same of the sa	of Applicable;	COS=Corrected	-	-	_	-	_
1	Taic dea	noontro	tes knowledge	-	-	-		ation		IN	OUT	N.O.	N/A	cos
2	_	-	el 3 Retail Fo				The state of the s			11	-		0	
3		-	dworkers rest				anuary 2, 201	U.		14		D	Def	
-	I m or mile	160 100		EVENTING CO		-	MHANDS			IN	OUT	N.O.	N/A	cos
4	Handwa	shina c	onducted in a					m etc		10	1001	10		
5		-	roper, duratio	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN	the same of the same of the same of				atherica	17	-	A		H
6	-	-	acilities provid			-	THE RESERVE OF TAXABLE PARTY.			17	1	-		H
7			cilities provid					THE REAL PROPERTY.		十六	X			H
8	The second name of the second		d contact with		The same of the last of the la		_	or jung mou		10	1	П		H
	-3/15/55			-	OOD SOU					IN	OUT	N.O.	NIA	cas
9	All foods	, includ	ing ice and w	ater, from app	proved sou	rces; with	proper record	s		14				
10	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	-	od record kee	THE RESERVE AND ADDRESS OF THE PARTY OF THE	the state of the s	Name and Address of the Owner, where	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN	THE RESERVE AND ADDRESS OF THE PARTY OF THE	tion	10				0
11	PHFs re	ceived :	at 41°F or bel	ow. Except:	milk, shell e	eggs and s	hellfish (45%	)				0		
			FO	OD PROTEC	TED FROM	CONTAM	NATION			IN	OUT	N.O.	N/A	cos
12	Proper s	eparatio	on of raw mea	ats and raw e	ggs from re	ady-to-eat	foods provid	ed		N				
13	Food pro	tected	from contami	nation							>=		-	
14	Food cor	ntact su	rfaces proper	ly cleaned an	nd sanitized				The state of the s		V			
				PHFs TIME/TI	EMPERATU	JRE CONT	ROLS			IN	OUT	N.O.	N/A	cos
15	130°F for 145°F: Fi	oods ma r 112 m ish, Me	G TEMPERA ay be served ra ninutes: Roast at, Pork; 155 Stuffed fish/m	s or as per co 5°F: Ground N	oked in respondence of the color of the colo	onse to a co t found un injected Me	onsumer order der 3.4(a)2; eats; or Poole	and for imme	ediate service.					0
16	Caesar s	alad dr	EGGS: subst	daise sauce,	tiramisu, c	hocolate n	nousse, merin		foods, i.e.					
17			G: PHFs main	A DESCRIPTION OF THE PERSON NAMED IN						0	X			
18	-								within 2 hours.	10				
19		-	s prepared fro											
20	REHEAT		HFs rapidly re							In		П	N	П
			ommercially p							1				
21			PHFs Hot He											
22			IC HEALTH C							10			1	4
23			PROCESSING					the second secon	the second secon					H
24	HIGHLY	2020	PTIBLE POP	OFF HONE:	Pasteunze	u 10005 US	ea; prohibited	roods not d	offered.	111			1	

## RETAIL FOOD INSPECTION REPORT (CONTINUED)

	GOOD RETAIL PRACTICES  Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.					
_		OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box				
ne.	Mat and asid	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	cos		
25		water available; adequate pressure.		4		
26		y labeled, original container.	-	井		
27		ed from potential contamination during preparation, storage, display.	2	닐		
28		tulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.				
29		d vegetables washed prior to serving.				
30		s properly used and stored.		4		
31		nces properly identified, stored and used.				
32		insects/rodents minimized: outer openings protected, animals as allowed.	$\sim$			
33	Personal cle	anliness (fingernails, jewelry, outer clothing, hair restraint).				
		FOOD TEMPERATURE CONTROL	OUT	cos		
34		ature measuring devices provided and calibrated.				
35	Thin-probed	temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).				
36	Frozen foods	maintained completely frozen.				
37		properly thawed.				
38		hot holding properly cooked to at least 135°F.				
39	Methods for	rapidly cooling PHFs are properly conducted and equipment is adequate.				
		EQUIPMENT, UTENSILS AND LINENS	OUT	cos		
40	Materials, co	nstruction, repair, design, capacity, location, installation, maintenance.				
41	Equipment te	imperature measuring devices provided (refrigeration units, etc).	26			
42	In-use utensi	ls properly stored.				
43	Utensils, sing	lle service items, equipment, linens properly stored, dried and handled.		TI		
44	Food and no	n-food contact surfaces properly constructed, cleanable, used.	X			
45		vashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.	5	而		
	PHYSICAL FACILITIES OUT COS					
46	Plumbing sys	tem properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.				
47	Sewage and waste water properly disposed.					
48		s are adequate, properly constructed, properly maintained, supplied and cleaned.	X	H		
49	The second second second	truction, installation and maintenance proper-floors/walls/ceilings.	Se	一		
50	THE RESERVE AND DESCRIPTION OF THE PARTY OF	ntilation; lighting; designated areas used.		一		
		intained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage	-			
51		operly maintained.	X			
52	All required s	igns (handwashing, inspection placard, etc) provided and conspicuously posted.	X			
Item	# NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)				
	Sce Continuation sheet ->					
4M	and a H	ng Official Signature of Inspecting Official Name and Title of Person Receiving Copy of	Report			

WHITE: ESTABLISHMENT · YELLOW: DIV. OF ENVIRONMENTAL HEALTH · PINK: INSPECTOR

Name (Indiv	dual, Facility, Establishment, etc.) + ave Supermarket	Date 01-11-19
Municipality		Tel., Code or ID No.
Item No.	Remarks	
	the above establishment has been	deemed
	unsatisfactory dure to severel	realth
	code violation! the following vio	plations
	must be abated All violations a	ust be
	aborted in order to have a reinsp	ection.
	Allewpired tood Henry must be A	emoved from
	premise. Failure to do so will mes	aHina
	Court Summons.	
		0.7.7.7
	Expired baby formula found on	Shelves.
13013	severe health code violation.	
	tile sala di la nome	
	All Jems must be checked on a	dal hosas
	All Hems must be cheefeed on a	avily suses
	All House An Chatros mist be Charle	edona
	July has bases shalling in f un	uts observed
	to have dust accumulation. Wish	claimand
	Sandizio	
	Destroom nust have self-closing do	or mod nust
	be properly stand not directly o	n flor
1	Man unter observed to be dirtu	. Handwash Sar
Signature of Ir	dividual Completing Form Signature of Owner of Facility, Establishme	
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Name (Indivi	dual, Facility, Establishment, etc.)	Date 01-11-19
Municipality		Tel., Code or ID No.
Item No.	Remarks	
	Visible light observed from conver	ver ramp.
	Must be property sealed.	
	Visible light observed from openin	a in wall
	Observed must be properly sealed	to prevent
	rodont entry,	
	termore all expired, chanse unuse	d Stocks.
	from basement.	
	Bosement must be properly main	tained,
	refuse and garbage maintained	
	Furproper food Storage in hosemen	+ water
	and beverage Stacked to ceiling	
	not have contact with piping &	r ceiling
	Condensation observed leaking.	
	Control of the Contro	
	All Employees personal Hems, nust	have a
	designated area. Observed Perso	nal Hems
	with storage and Hems for sa	10.
	act observed in basement, no ann	mals allowed
Signature of In	dividual Completing Form Signature of Owner of Facility, Establishme	int, etc., if required
Kul	5h. H.	10
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Name (Individual, Facility, Establishment, etc.)  Multipality  Tel., Code or ID No.				
759	Westside Ave			
No.	Remarks			
	Basement			
	All storage must be kept I tool	away from		
	wall.			
3.5	Severe leak observed will black	mold observed		
	Must repair leak clean and sautis			
	Walk-in refugerator Containing ne	at & produce		
	Moat temperature measured at 4	3°F. walk-in		
	box must maintain temperature of	40F or		
	helm).			
	Large bucket of seasoning with a	wooden		
	Stick observed in walk-in. Hust be	discarded		
	Leak observed hear light fixture,	nust report		
	leak.			
	walk-in boxes must be have a e	asily cleanable		
	Serface. No bare Concrete allowed	, , (		
	Dooling unter Observed, totalial for	or confavination		
0	and mold,			
Signature of In	Signature of Owner of Facility, Establishmen	ent, etc., if required		
<i>/</i> \_`	WHITE: ESTABLISHMENT • YELLOW: DIV. OF ENVIRONMENTAL HEALTH • PINI	OF PAGES K: INSPECTOR		

Name (Indivi	dual, Facility, Establishment, etc.)	Date 01-11-19.
Municipality		Tel., Code or ID No.
Item No.	Remarks	
	Tren area for produce. Mu	of be properly
	maintained aithma boards	everly grooved
	no lomor easily Hamable.	
	Mop sink must remain und	ostructed, 40
	properly disposed of nop.	water.
	+	
	had debis Observed on	
		an easily cleanable
	Surface.	
	All ilems in home and down	as and how look
/	nust be discarded toam	
	must be custavava: fram	contuiners etc.
	Pooling water dosewed new	ar control hours
	for refrigeration.	A. CONTOUNCE
	The state of the s	
	wall near restroom observed	to be broken
	and molded flust repair	
	Reeling, chipping paint obse	erved on wall
	rear restroom/ heat depart	ment Must repaint
	to allow for an easily cla	anable surface
Signature of In	dividual Completing Form Signature of Owner of	Facility, Establishment, etc., if required
Knt	ablish 1/1	
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Name (Indiv	Name (Individual, Facility, Establishment, etc.)  The the sympermarket				
Municipality	759 Westzide Aue.	Tel., Code of ID No.			
Item No.	Remarks				
	Doli Area.				
	- 2 1/2 toques of land O' lake	C Veller			
	American cheese were tound inside	The			
	deli case with exerction date	of			
	October 17, 2017				
	- One whole Chiestle Chicken breast	romand			
	from deli case due to exercation	date was			
	to close.				
	-Portable counter top over needs &	thorough			
11,55	cleaning. Food residue observed	inside			
	compress.				
	- Floor unter all equipments by	deli area			
	needs thorough cleaning, dut	/ grease			
	observed during inspection				
	- Deli case pretal shelvings me	pewell			
	justed and not easily de	arable -			
	Thust be replaced unmediately				
	- Improper cleaning of deli ment	silcer.			
Signature of Ir	dividual Completing Form Signature of Owner of Facility, Establishm	ent, etc., if required			
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Name (Indiv	Name (Individual, Facility, Establishment, etc.)  The the Symmarket Date				
Municipality	751 Wortside Aue.	Tel., Code or ID No.			
Item No.	Remarks				
	Hydrogen Peroxide & Rolitussin Cons	h Syrup			
	tourd to be stoned on shelf b	y dell'are			
	mixed in with food product	5.			
	Ingroper storage of food groduce	43 8			
	non-took ones.				
	Meat Dept.				
	- Ingraper use of the 3- compartmen	t sink			
	observed. Ist conjustment has be	iker puees			
	of prepies, from & trush.	2rd congartmen			
	sink has 2 Pompano lisher & de	inty used			
	disposable glove and 3rd cong	artment			
	has a bag of shring that is	thawing			
	ingrozerly.	V			
		,			
	- PVC pipe under 3- compartmen	t sink			
	draining into the funnel floor o	train needs			
	to be cut at least 1/2 inch	above the			
	pin to have an air gap.				
		<u> </u>			
	- Hardwash Sirk is broken; Wo	iter 15			
	Vesting dureitly on the floor:	Jink has			
	neat & luty gloves; Unsan	fary			
	adividual Completing Form Signature of Owner of Facility, Establishm	ent, etc., if required			
	and Harmando PAGE	OF // PAGES			
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Name (Indivi	The the Supermarket.	Date 1/1/19
Municipality	751 Westerde Aus.	Tel., Code or ID No.
Item No.	Remarks	
	Meat & Scaford display case has	e ho
	The mometer inside! It was ru	ming at
	43°F. Unit must be checked	by the
	Rehnician innediately. Metal	Shelving 15
	also justed. Must be replaced.	Unit needs cleaning
1-	Unrecessary debris elsewed by	the next
	Beaford display case : must 6	be cleared -
_	Delivery cardboard boxes were	bloomed to
	be stored on top of heat pre	garation
	tables and potentially conta	merales
	the meat products.	
	Chopped ( cubed heats much a	with the Ken
	gaits on top of mouthing table	abserved.
	aching .	
-	Condensation observed askes into	uncovered
	neat I goultry inside he	at dept.
_	Boxes of meat groduits found	stored.
	directly on floor inside next	dest
	Unheressary debus found under	ment prep
ignature of In	dividual Completing Form Signature of Owner of Facility, Establishm	nent, etc., if required
	and Harrack	
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Name (Indiv	Fare Suin market 1757 Ment LLC Date 1/1/19
Municipality	
Item No.	Remarks
	Broken wall files pour toutside walk in box
	nside heat Dest. must be fixed immedialet
	Rusted meat grinder must be maintxined/
	cleaned & sanitized it its being use and
	if not, it must be removed from the
	meat dest.
	Floor drain inside walk in Dox has
	Severe next debris accumulation showing
	lack of improver house keeping.
_	Floors throughout med lept & walk in
	fox reed thorough cleaning -
7	Moldy boxes of prest groducts found
	inside will-in box.
-	Maintain großer Nousekeeping in side Meat
	dept. Shelves must be cleaned
No.	regularly.
	Maria antido en tropo de la companya
	Unhecessary debus outside meat room must
Signature of in	ndividual Completing Form Signature of Owner of Facility, Establishment, etc., if required
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